

RECREATION FACILITY RENTAL APPLICATION

Facility name:	Dates requested:
Type of activity:	Time of event:
Open to the public?:	(Including set-up and clean-up)
Expected attendance: Adults Youth	
	ises?: Type of sales:
Will beer or wine be served (NO hard liquor is peri	
Alcohol consumption is limited to three hours. How	urs served:
Will food be catered or sold? Yes* No	
Room space and equipment needs:	
	er of tables
	er of chairs
Kitchen Other	:
*When an event includes the service of alcohol, genera	I liability insurance in the amount of \$2,000,000 combined single
	Proof of insurance in the form of a Certificate of Insurance and
	ne as an additional insured must be provided. If catered food is
	mmercial general liability insurance coverage in the amount of
	a temporary restaurant license must be obtained from Lane
·	nay require a Certificate of Insurance as determined by the facility
supervisor and/or the City's Risk Manager.	
REGULATIONS AND POLICIES:	
	plication is complete and deposits are paid in full. \$100 deposit for
general rentals; \$150 deposit for alcohol, profit or	
	es or activities as determined by the facility supervisor. If this is
required, you'll be notified of any fees that may/w	· · · · · · · · · · · · · · · · · · ·
	f Insurance on file with the City two weeks prior (date is hereby
	tal date or rental agreement(s) will be terminated. If the City
	meet the deadline, you will not be refunded your deposit.
4. A deposit may be returned under the following cor	
a. If cancellation occurs PRIOR TO	(date).
b. The facility is left undamaged and all condition	
	insatisfactory cleanup fees in excess of the deposit.
6. The rental supervisor reserves the right to monitor	•
,	esponsible for any lost, stolen or damaged property.
8. At least one rental supervisor is required to be on	••
	all appropriate park and/or recreation facility rules.
10. Applicant must sign in agreement of the Indemni	ty Agreement on back page.
Name of Applicant/Authorized Representative of A	pplicant:
Cianatura	Data
Olyndruie	Date:
(Must be 21 years of age of older	,
Name of Organization if Applicable:	
Address:	Home Phone:
City/State/7in Code:	Work Phone:
	Fax:
Email:	— Phone:

(After hour problems call 682-5111 or 682-5112) -OVER- (FOR INFORMATION/SIGNATURE LINE)

INDEMNITY AGREEMENT

Applicant agrees to be bound by the Recreation Facility Rental Application regulations and policies. Violation of any of these regulations and policies may result in: immediate termination of the event, legal responsibility for damages in excess of the deposit, forfeiture of deposit and future use of the facility.

Applicant agrees to indemnify and hold the City, its officers, agents and employees harmless from any and all claims, actions, liabilities, cost, including attorney fees and all other costs of defense, arising out of or related to the activities of applicant and participants during the use of the facility under the terms of this application.

Applicant agrees that during the use of the recreation facility, applicant will not exclude any invited individual from participation, deny anyone the benefits, or otherwise subject anyone to discrimination because of the person's race, religion, color, sex, national origin, marital status, familial status, age, sexual orientation, source of income or disability, as outlined in Eugene Code 4.613.

Applicant understands that the City of Eugene is not a sponsor of this activity nor will it provide any supervision of the activity.

Applicant understands that the City makes no warranties or guarantees as to the condition of the facilities or of the equipment covered by this application; and the applicant and other participants will be using the facilities at their own risk.

APPLICANT ACCEPTANCE OF RENTAL AGREEMENT & INDEMNITY:

- Signature is required.
- Signature is acknowledgment that applicant has read and understands the Indemnity Agreement.

Signature c	of Applicant/Authorized Representative of		
Applicant: _		Date:	
	(Must be 21 years of age or older)		

OFFICE USE ONLY		Rental Approved by: _				Date:
Room Space	Fee	Supervisor:				
Main Hall/Gym		Type of Rental: Priva	ate	Progran	n Partner	Community Partner
Meeting Room (s)		Notes:				
Kitchen						
Pool						
Other						
Non-resident fee:		# in Attendance				
Discount/Add'l fees:		Insurance required:	Yes	No	Insurance	received
Total Rental fee:		Date:	R	eceived	by:	
Deposit fee:						
Deposit returned:					•	
Key deposit:						
Key deposit returned:		Date:			by:	
Total Rental fee: Deposit fee: Deposit returned: Key deposit:		Date: Date: Date:	R R R	eceived eceived eceived eceived	by: by: by: by:	